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Please deliver the attached facsimile transmission to:

Name: TERENCE R. TILL

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U.S. PATENT AND TRADEMARK OFFICE

Comments/Reference: <u>Application No. 09/819,412 Filed: 3/28/2001—Attached please find a Transmittal Letter (L. ps.)</u>, <u>Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1. ps.) and Declaration and Power of Attorney (3. ps.).</u>

* * * * * * * *

From: ROBERT S. LIPTON, ESQ. Facsimile No.: 610-566-3660

Number of Pages: Cover + 5 Date: October 30, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In RE:

APPLICANT

Bhavna Mehta

TITLE

CLEANING AND MASSAGING

UTENSIL

APPLN. NO.

09/819,412

FILING DATE

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3/28/2001

ART UNIT

1744

EXAMINER

Terrence R. Till

ATTORNEY DOCKET NO.

5514-2

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Attached please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address together with a Declaration and Power of Attorney signed by the Applicant. Please change your records accordingly.

Respectfully submitted,

Date: October 30, 2003

Robert S. Lipton
Attorney for Applicant
Registration Number 25,403

Lipton, Weinberger and Husick

201 N. Jackson Street

P.O. Box 934 Media, PA 19063

CERTIFICATE OF FACSIVILE TRANSMISSION

I hereby certify that this paper for Application Seri I Number 09/819,412 is being facsimile transmitted to the Patent and Trademark Office, fax number 1-703-872-9306, in the dat is shown below.

ROBERT

October 30, 2003

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Autom ing to the country of the coun	Application Number	09/819,412						
REVOCATION OF POWER OF	Filing Date	03/28/2001						
ATTORNEY WITH NEW POWER OF ATTORNEY AND	First Named Inventor	Bhavna Mehta						
	Art Unit	1744						
	Examiner Name	Terrence R. Till						
	Attorney Docket Number	5514-2						

I hereby revoke all previous powers of attorney given in the above-identified application.							
X A Power of Attorney is	s submitted herewith.						
OR I hereby appoint the	practitioners associated with the C	Customer P	lumbe	or:			
X Please change the co		ve-identifi	ed app	ilication to:			
OR							
X Firm or Individual Name	Robert S. Lipton, Esqui LIPTON, WEINBERGER & H	ire USICK_					
Address	201 North Jackson Street						
Address	P.O. Box 934						
City	Media	State	PA		Zip	19063-0934	
Country	US						
Telephone	610-566-6000	Fax	61	0-566-3660			
I am the: Applicant/inventor.		2 3 71					
Assignee of record Statement under 37	of the entire interest. See 37 CFF 7 CFR 3.73(b) is enclosed. (Form	P10/\$B/9		<u>,, </u>			
	SIGNATURE of Applicant o	r Assigne	e of R	ecord		· · · · · · · · · · · · · · · · · · ·	
Name BHAVNA ME	НТА						
Signature Bhaun	e Melte	₩ ₩		410 100	050	,	
Date 9/29/2	003	Teleph		610-408-0604			
NOTE: Signatures of all the inventors signature is required, see below.	or seeignoos of record of the entiro intoresi or li	hoir represents		a required. Subm	IK WARIPH	DIGHTS II MOTO (1421 ON	
	ns are pubmitted.		·		(le melet i	a to the land by the USPTO	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or rotain a bonofit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is outimated to take 3 minutes to complete, including to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is collection is confidentiality in governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is collection in confidence. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the gathering preparing, preparing, and submitting the completed this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Patert and Incomment Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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